

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524724

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
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16				/		
17				/		
18				/		
19				/		
20				/		
21				6		
22						
23			/			
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25						
26				/		
27				/		
28				/		
29				/		
30				/		
31				/		
32				/		
33				2		
34				/		
35				/		
36				/		
37				/		
38			/			
39						
40				/		
41				/		
42				/		
43				/		
44			/			
45						
46				/		
47			/			
48						
49				/		
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		39	←		←
TOTAL CLAIMS			43			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53			/			
54			/			
55			/			
56				/		
57				/		
58				/		
59				/		
60				3		
61				2		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		9	←		←
TOTAL CLAIMS			12			